



**Utah Division of Air Quality
New Source Review Section**

Date _____

Company _____

Facility _____

**Form 17a
Natural Gas Standby Generator**

Please type all information.

1. Company information.

Corporate address: _____

Contact person: _____

Phone number: _____

Installation address:
(if different) _____

Contact person: _____

Phone number: _____

UTM coordinates of installation: _____ N, _____ E

or (if coordinates are unknown):

Map attached with location of installation marked ____ (X if map attached)

**Natural Gas Standby Generator
Form 17a (Continued)**

2. Standby generator information (attach manufacturer's information with application).

Make: _____

Model: _____

Maximum rated horsepower: _____
(not to exceed 1000 hp)

Maximum rated power in kilowatts _____
(not to exceed 560 if above horsepower is unknown)

Maximum hours of operation _____
(not to exceed 300 hrs.)

3. Emission rate of NO_x as stated by manufacturer (attach manufacturer supplied information).

_____ grams/ brake horsepower-hour (not to exceed 12
grams/bhp-hr)